The Role of Drugs in Impaired Driving: The Effects of Drugs on Driving and Identifying Impairment

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Commitment to Drugged Driving Prevention, Enforcement and Research







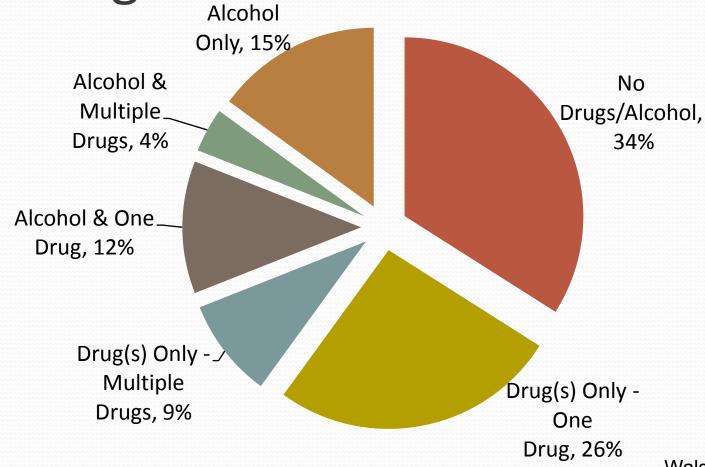








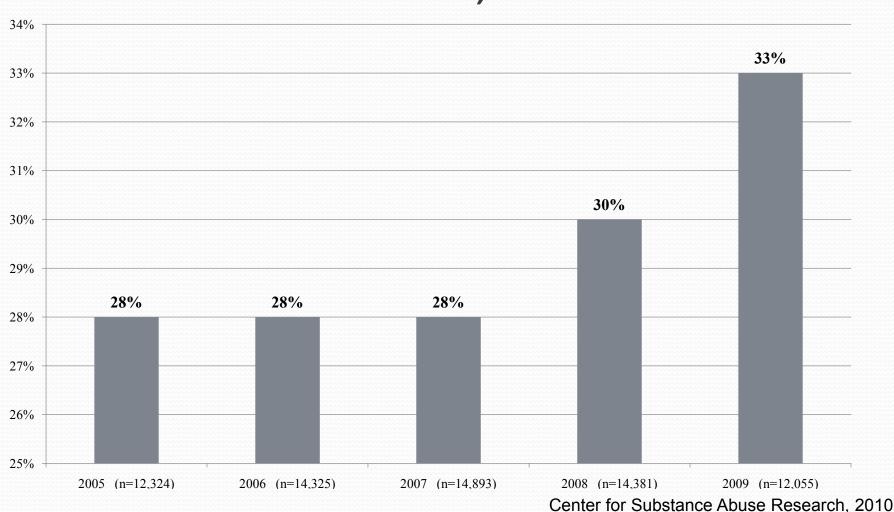
The Nature and Extent of Drugged Driving



Characteristics of injured drivers with complete toxicology (N=108)

	N	Percentage (%)	
Gender			
Male	78	72.2	
Female	30	27.8	
Race/ethnicity			
White	67	62.0	
Black	34	31.5	
Hispanic	6	5.6	
Other	1	0.9	
Age			
16-20	12	11.1	
21-25	23	21.3	
26-34	21	19.4	
35-44	26	24.1	
45-54	11	10.2	
55 and above	15	13.9	Wals

Drug Prevalence Among Fatally Injured Drivers Has Increased, 2005-2009



Alcohol Equivalent for Drugs

- This is a mirage
- All 50 states use 0.08 g/mL BAC as the impairment standard for alcohol
 - This was a compromise between science and politics
 - Alcohol is unique pharmacokinetically
 - Many drivers are significantly impaired by alcohol use at levels well below 0.08 BAC
 - Tolerance to alcohol can limit outward signs of impairment at 0.08 BAC or higher

No Workable Cut-Off Levels for Drugs

- No close relationship between blood levels of a drug (or drug metabolites) and impairment
- Factors that frustrate impairment thresholds include tolerance or its absence, time of day, driver age and experience, drug-drug and drug-alcohol combinations, among dozens of others
- Vast number of potentially impairing drugs
- Conclusion setting impairment thresholds based on blood levels or drug metabolites for illegal drugs is not a viable enforcement option

Per Se Standard for Drugged Driving

- A per se drugged driving law means that any identified illegal drug level found in a driver is defined as a drugged driving violation
- 17 US states with *per se* type drugged driving statues which now cover 40% of all licensed drivers
- Modeled on the successful per se drug program used for 10 million American commercial drivers for over two decades

Prescription Drug Use

- *Per se* laws cover impaired drivers when they do <u>not</u> have a prescription for a drug
- When an impaired driver has a prescription for the drug identified, law enforcement relies on the impairment standard
- "Medical marijuana" does not qualify for this standard because it is not "prescribed"
- Efforts to curb drugged driving due to legal and appropriate medical use of prescription drugs risk having adverse effects on appropriate medical care

Future Drugged Driving Goals

- Outlined in the NIDA/ONDCP White Paper:
- ONDCP aims to reduce the prevalence of drugged driving by 10% by 2015. The five tactics identified to achieve this ambitious goal include:
 - Encourage states to adopt per se drug driving laws,
 - Collect further data on drugged driving,
 - Enhance prevention of drugged driving by educating the public, legislators and law enforcement,
 - Provide increased training and technology to law enforcement on identifying drugged drivers, and
 - Develop standard screening protocols for laboratories.

The Role of NTSB

- Already doing great work in comprehensive investigations by identifying wide range of drugs involved in MV crashes
- NTSB plays a leading role in identifying the impact of illegal drug use in driving safety
- The NTSB's focus on drugs in addition to alcohol enhances the nation's ability to recognize and respond effectively to the current high levels of drugged driving

www.StopDruggedDriving.org

Read more about the Per Se Standard

- For more information on drugged driving visit IBH's website devoted to this public health and public safety problem
- Includes IBH White Paper on Drugged Driving for NIDA



of the National Institute on Drug Abuse. Read IBH's Public Policy on

Institute For Behavior and Health

Drugged Driving.

www.IBHinc.org

 For more information on other new and important ideas to reduce illegal drug use visit IBH's home website



IBH Hosts a Meeting on the Significance of the Recovery Movement Honoring Bill White with the John P. McGovern Award for His Many Years as the Leading Historian and the Inspiration of Addiction Treatment and the Recovery Movement.



The future belongs to new ideas and the new policies they inspire.

The Institute for Behavior and Health, Inc. (IBH) identifies, develops, evaluates and promotes new ideas to prevent drug abuse. By encouraging creative non-partisan collaboration among diverse disciplines and perspectives, IBH ensures that both the public and private



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sectors work together to achieve the important public health goal of reducing illegal drug use.

Click here to learn more about IBH's mission and vision.

PERSPECTIVES ON DRUG POLICY

- Combating Illegal Drug Use
 Demand Reduction
- Medical Marijuana
 Drug Legalization
- Harm Reduction International Perspectives

IBH PRIORITY AREAS



Student Drug Testing



Treatment Improveme



Drugged Driving



Prescription Drug Abuse

VISIT OUR OTHER WEBSITES



An interactive guide for parents, educators, students, and community members about implementing random student drug testing (RSDT) programs.



An in-depth, non-governmental public policy and media resource for information on drugged driving.

LATEST NEWS

- January 20, 2011: Marijuana, Schizophrenia and Jared Loughner
- January 17, 2011: Medical Marijuana Laws Result in Increased Teen Drug Use in Colorado
- January 17, 2011: Driving Under the Influence of Marijuana is a Growing Problem
- January 13, 2011: Exposure to Anti-Drug Messages Among Teens Drops by Two-Thirds as Drug Use Goes Up
- January 10, 2011: IBH Applauds Obama Administration for Addressing Prescription Drug Abuse
- January 7, 2011: White House Drug Policy Director Highlights Growing Public Health Toll of the Prescription Drug Abuse Epidemic
- January 5, 2011: Changes in Treatment Admissions Show Increases in Marijuana, Other Illicit Drug Treatment
- . December 30, 2010: Time to Again Mobilize Against Marijuana
- <u>December 22, 2010</u>: Michele M. Leonhart Confirmed by Senate as DEA Administrator
- More Current News Items...

Thank you!

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